

**STATE OF SOUTH CAROLINA  
DEPARTMENT OF INSURANCE**  
**Captiol Center, 1201 Main St., Suite 1000      PO Box 100105**  
**Columbia, S.C. 29201                                      Columbia, S.C. 29202-3105**

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**2006 FEE AND TAX RETURN FOR CAPTIVE INSURER**

**COMPANY CODE:** \_\_\_\_\_ **COMPANY NAME:** \_\_\_\_\_

| <b>Schedule 01 – South Carolina Fees and Taxes (Captives Insurers)</b> |  |                                      |
|--|--|--------------------------------------|
| LINE NO  | DESCRIPTION OF TAXES AND OBLIGATIONS                                     | TAXES AND FEES DUE IN SOUTH CAROLINA |
| 0101   | Annual Renewal Fee   | 500.00                               |
| 0102   | Direct Insurance Premium Tax (Schedule 03, Line 0302)                    | .00                                  |
| 0103   | Assumed Reinsurance Premium Tax (Schedule 02, Line 0202)                 | .00                                  |
| 0104   | Total Premium Tax (LN 0102 + LN 0103 OR See Instructions)                | .00                                  |
| 0106   | Annual Review Fee ( <b>FOR SPECIAL PURPOSE FINANCIAL CAPTIVES ONLY</b> ) | .00                                  |
| 0199   | TOTAL AMOUNT OF TAXES DUE WITH THIS RETURN (LN 0101 + LN 0104 + LN 0106) | .00                                  |

| <b>Schedule 02 – Assumed Reinsurance Premium (To Nearest Dollar)</b>   |   |                    |
|--|---|--------------------|
| LINE NO  | DESCRIPTION   | PREMIUMS AND TAXES |
| 0201   | Assumed Reinsurance Premiums                                  | .00                |
| 0202   | ASSUMED REINSURANCE PREMIUM TAX DUE (see rate schedule below) | .00                |
| <b>Assumed Reinsurance Premium Rate Schedule</b>   |   |                    |
| If line 0201: is \$20 million or less, multiply line 0201 by .00225<br>Is over \$20 million but not more than \$40 million, line 0202 is \$45,000 plus .0015 times excess of \$20 million<br>Is over \$40 million but not more than \$60 million, line 0202 is \$75,000 plus .0005 times excess of \$40 million<br>Is over \$60 million, line 0202 is \$85,000 plus .00025 times excess of \$60 million<br><br>See Instructions. |   |                    |

| <b>Schedule 03 – Exhibit of Premiums and Dividends (To Nearest Dollar)</b>  |  |                             |                    |                                |
|---|--|-----------------------------|--------------------|--------------------------------|
| LINE NO   | DESCRIPTION  | DIRECT PREMIUMS WRITTEN (A) | DIVIDENDS PAID (B) | NET PREMIUMS Col A – B = C (C) |
| 0301  | Direct Premiums Collected or Contracted For (Written)      | .00                         | .00                | .00                            |
| 0302  | DIRECT INSURANCE PREMIUM TAX DUE (see rate schedule below) |                             |                    | .00                            |
| <b>Direct Insurance Premium Rate Schedule</b>   |  |                             |                    |                                |
| If line 0301 Col C: is \$20 million or less, multiply line 0301 by .004<br>Is over \$20 million, line 0302 is \$80, 000 plus .003 times excess of \$20 million<br>See Instructions. |  |                             |                    |                                |

State of \_\_\_\_\_ County of \_\_\_\_\_

We, the undersigned officer of the insurer and person preparing this form for the above named company, being severally sworn each for himself deposes and says that this return, including any accompanying schedules and statements has been examined by him, and is to the best of his knowledge, information and belief, a true and correct return, made in good faith and complete in all applicable parts, for the taxable year stated, pursuant to the laws of the state of South Carolina.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public: Affix Seal

Officer of the Insurer

Person Preparing Fee & Tax Return

Email Address

Email Address

Date Commission Expires

Title

(Area Code) Telephone Number and Ext.